

Contract Summary Sheet

(To be submitted when not competed through the Purchasing Division)

Doc #: BP01486

Contract #: 1344

Requesting Department/Division DPR Date Prepared 8/16/2010

Contact Person's Name Danny Swails Phone 327-7043

Type of Service

Personal (for definition refer to directions on the back) ☒ Legal Services (requires prior approval by City Legal) ☐
Professional (for definition refer to directions on the back) ☐ Lease (real-estate) ☐
Other Non-Competable Service ☐ Construction ☐ D2C

Contract Information

New Agreement ☐ Amendment # 2 Requires Board Approval Yes ☐ No ☒
Debarment ☒ http://www.epls.gov/ Insurance Certificate Yes ☒ No ☐
Grant Funding Yes ☐ No ☒ Selected Firm is an MBE ☐ WBE ☐

Subcontract participation MBE % WBE %

Vendor Name American Pump Services Requisition Number BP01486

Amount of this Action \$ Less than \$75,000 per year New Contract Total \$ Less than \$75,000 per year

Contract Expiration Date 8/31/2011

Department Method of Source Selection: Proposal/Quotes/Bids ☒ Request for Qualifications ☐ No Competition ☐
(please explain) ITB0006631

Specific Location of Source Documents CCB 2301 Contact Person/Documents Marvin Williams

Summary/Justification (all amendments must include: original contract purpose/term/amount)

Provide onsite diagnostic and preventative maintenance on Indy Parks pump systems.

Approved:

Ms de Annetta Piers
Corporation Counsel/Date

08/18/10

George Lancia
Chief Financial Officer/Date

9/17/10

Stan
Departmental Approval Authority/Date

9/17/10

Carol Metz
Purchasing Administrator/Date

9/21/10

This summary sheet must be completed by department and signed by Purchasing prior to presentation to departmental board and prior to execution of this contract.

4/9/08

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/18/2009

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Central Insurance Associates 70 East 91st Street Suite 200 Indianapolis, IN 46240	CONTACT NAME: PHONE (A/C, No, Ext): (317)846-4622 FAX (A/C, No): (317)846-2966 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 35177449																					
INSURED American Pump Repair & Service, Inc. 26 N. Depot Street New Palestine, IN 46163	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Motorists Insurance Group</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Motorists Insurance Group		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES

CERTIFICATE NUMBER: All Lines

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			33275489-60E	07/31/2010	07/31/2011	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY			33275489-60E	07/31/2010	07/31/2011	
	<input checked="" type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			33275489-60E	07/31/2010	07/31/2011	
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ 1,000,000
	DEDUCTIBLE						AGGREGATE \$ 1,000,000
	RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			33275489-60E	07/31/2010	07/31/2011	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 City of Indianapolis is named as an additional insured

CERTIFICATE HOLDER

CANCELLATION

FAX: 317.327.4493

City of Indianapolis
 David Coden
 1522 City County Building
 200 E. Washington
 Indianapolis, IN 46204

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jonathan Keller/KAREN

EPLS

Excluded Parties List System

Search Results Excluded By
Exact Name : AMERICAN PUMP REPAIR & SERVICE, INC.
SSN/TIN as of 09-Sep-2010 1:53 PM EDT

Your search returned no results.

**AMENDMENT NUMBER 2
TO THE
PUMP REPAIR
SERVICE AGREEMENT**

This Amendment Number 2 to the Pump Repair Service Agreement for services provided by **American Pump and Repair Service INC** is by and between the Consolidated City of Indianapolis, **Department of Parks and Recreation** (hereinafter referred to as "Department") and **American Pump Repair and Service Inc.** (hereinafter referred to as "Contractor").

RECITALS:

- A. The Department and Contractor are parties to a service Agreement entered into on September 1, 2007, (hereinafter referred to as "Agreement").
- B. The Department and Contractor amended this Agreement extending it for an additional one year through August 31, 2010 by entering into Amendment Number 1.
- C. The Department and Contractor desire to further amend the Agreement as set forth below.

NOW, THEREFORE, in consideration of the mutual agreements set forth hereunder and under the Agreement, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Department and Contractor agree that the Agreement shall be amended as follows:

- 1. Section 1, TERM, of the original Agreement shall be modified to add: "Amendment Number 2 shall extend this Agreement through August 31, 2011."
- 2. All other terms, conditions and provisions of the Agreement shall remain in full force and effect and shall not be limited, revised, or modified hereby.

(Remainder of this page has been left blank intentionally)

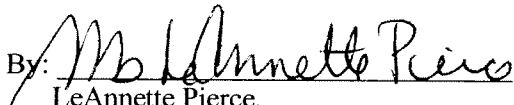
IN WITNESS WHEREOF, the parties hereto have executed this Amendment Number 2 on the dates subscribed below.

**DEPARTMENT OF PARKS AND RECREATION
CONSOLIDATED CITY OF INDIANAPOLIS
"Department"**

By: 
Stuart Lowry, Director

Date: 9/17/10

**APPROVED AS TO FORM AND
LEGALITY:**

By: 
LeAnnette Pierce,
Assistant Corporation Counsel

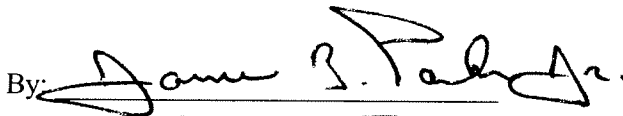
Date: 08/18/10

**APPROVED FOR AVAILABILITY OF
FUNDING:**

 ①
David P. Reynolds, City Controller

Date 9-23-10

**American Pump and Repair Service INC
"Contractor."**

By: 

Printed: JAMES B PARKS JR.

Title: Vice President

Address: 26 N Depot Street

New Palestine IN 46163

Telephone: 317-861-6791

Date: 9/2/10

ccm
9/21/10